

**Intake for WIPA Team Example**  
**WIPA Initial Contact and Demographics**

<i>*First Name</i>	
<i>Middle Initial</i>	
<i>*Last Name</i>	
<i>Suffix</i>	
<input type="checkbox"/> <i>I</i>	<input type="checkbox"/> <i>II</i>
<input type="checkbox"/> <i>III</i>	<input type="checkbox"/> <i>IV</i>
<input type="checkbox"/> <i>Jr.</i>	<input type="checkbox"/> <i>Sr.</i>
<i>Address 1</i>	
<i>Apt./Suite</i>	
<i>ZipCode</i>	
<i>E-Mail</i>	
<i>Home Phone</i>	
<i>Cell Phone</i>	
<i>Ext</i>	
<i>Work Phone</i>	
<i>TTY??</i>	
<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Yes</i>
<i>SSN</i>	
<i>DOB</i>	
<i>Gender</i>	
<i>Marital Status</i>	
<input type="checkbox"/> <i>Common Law</i>	<input type="checkbox"/> <i>Divorced</i>
<input type="checkbox"/> <i>Domestic Partner</i>	<input type="checkbox"/> <i>Married</i>
<input type="checkbox"/> <i>Separated</i>	<input type="checkbox"/> <i>Single</i>
<input type="checkbox"/> <i>Widowed</i>	
<i>Case Number</i>	
<i>Benefits received at intake</i>	
<input type="checkbox"/> <i>Private Disability Insurance</i>	<input type="checkbox"/> <i>SSDI</i>
<input type="checkbox"/> <i>SSI</i>	<input type="checkbox"/> <i>Veterans benefits</i>
<input type="checkbox"/> <i>Workers Compensation</i>	
<i>TTY/Videophone number/IP address</i>	
<i>How did customer hear about the WIPA?</i>	
<input type="checkbox"/> <i>Community Rehabilitation Provider</i>	<input type="checkbox"/> <i>Developmental Disability Agency</i>
<input type="checkbox"/> <i>DOL One-Stop Center</i>	<input type="checkbox"/> <i>Employment Network</i>
<input type="checkbox"/> <i>Housing Agency</i>	<input type="checkbox"/> <i>Internet</i>

\* A demographic with an asterisk is a required field.

## Intake for WIPA Team Example

<input type="checkbox"/> Medicaid <input type="checkbox"/> Newspaper <input type="checkbox"/> Other WIPA Outreach <input type="checkbox"/> SSA Field Office <input type="checkbox"/> Veteran Service Organization <input type="checkbox"/> Walk-In <input type="checkbox"/> WISE	<input type="checkbox"/> Mental Health Agency <input type="checkbox"/> Other <input type="checkbox"/> Receipt of a Ticket <input type="checkbox"/> Television <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> WIIRC
<i>Employment status at intake</i>	
<input type="checkbox"/> Considering employment <input type="checkbox"/> Job offer pending <input type="checkbox"/> Self employed	<input type="checkbox"/> Currently working <input type="checkbox"/> Looking for employment
<i>Self-Reported Primary Disability</i>	
<input type="checkbox"/> Blind or Visual Impairment <input type="checkbox"/> Cognitive/Developmental Disability  <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Mental and Emotional Disorders  <input type="checkbox"/> Other <input type="checkbox"/> System Disease	<input type="checkbox"/> Cancer/Neoplasm <input type="checkbox"/> Hearing, Speech, and Other Sensory Impairment  <input type="checkbox"/> Injury <input type="checkbox"/> Non-Spinal Cord Orthopedic Impairment <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Traumatic Brain Injury
<i>If OTHER primary disability, please specify:</i>	
<i>Self-Reported Secondary Disability</i>	
<input type="checkbox"/> Blind or Visual Impairment <input type="checkbox"/> Cognitive/Developmental Disability  <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Mental and Emotional Disorders  <input type="checkbox"/> Other <input type="checkbox"/> System Disease	<input type="checkbox"/> Cancer/Neoplasm <input type="checkbox"/> Hearing, Speech, and Other Sensory Impairment  <input type="checkbox"/> Injury <input type="checkbox"/> Non-Spinal Cord Orthopedic Impairment <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Traumatic Brain Injury
<i>If OTHER secondary disability, please specify:</i>	
<i>Is beneficiary his her own payee?</i>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Name of Representative Payee</i>	
<i>Representative Payee Address</i>	
<i>Telephone number of Payee</i>	
<i>Special Language Consideration</i>	
<input type="checkbox"/> English as a second language <input type="checkbox"/> Sign language interpreter	<input type="checkbox"/> Other special language needs
<i>English Proficiency</i>	
<input type="checkbox"/> Understand neither written nor verbal communication <input type="checkbox"/> Understands both verbal and written English communication	<input type="checkbox"/> Understand written English communication <input type="checkbox"/> Understands verbal English communication

\* A demographic with an asterisk is a required field.

## Intake for WIPA Team Example

### Level of Education at Intake

- |  |   |
|--|---|
| <input type="checkbox"/> Associate/2 year degree       | <input type="checkbox"/> Bachelor's degree        |
| <input type="checkbox"/> Doctorate degree              | <input type="checkbox"/> HS diploma or equivalent |
| <input type="checkbox"/> Less than HS diploma          | <input type="checkbox"/> Master's degree          |
| <input type="checkbox"/> Other degree or certification | <input type="checkbox"/> Some college             |

### Health Status at Intake (self-identified)

- |                               |                                    |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> Fair | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Very Good |

### Beneficiary services funding source

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Other funds | <input type="checkbox"/> State funds |
| <input type="checkbox"/> WIPA funds  |                                      |

### AssignedStaffID

### Priority Level

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Basic | <input type="checkbox"/> High   |
| <input type="checkbox"/> Low   | <input type="checkbox"/> Medium |

### Alert

\* A demographic with an asterisk is a required field.

\* Indicates a required field.

**1. \*PARTICIPANT NAME:**

**2. \*CONTACT LOCATION/METHOD (SELECT ONE)**

- Follow-up contact
- Initial Contact

**3. \*DATE OF CONTACT (MM/DD/YYYY)**

**4. DATE OF NEXT CONTACT (MM/DD/YYYY)**

**5. \*TIME SPENT ON CONTACT (MINUTES):**

**6. CASE NOTES (CALLED "NOTES IN ETO") (TEXT BOX):**

# Paperwork Reduction Act References

## WIPA I&R Program Home Page

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Welcome Taylor Henderson - BASS-ESA Team Example: [BASS-ESA Initial Contact and Demographics](#) (Change Program) Friday, Jan. 18, 2013

New Quick Search To Do List Messages My Favorites My Dashboard Reporting Dashboard Manage Apps<sup>(NEW)</sup>

Enter Search Term(s) within Participant in BASS-ESA Initial Contact and Demographics Search

**Entering Information:**

- Add BASS-ESA applicants: [Add New Beneficiary](#)
- Record additional I&R contacts (if more than one I&R contact is made): [I&R Assessment](#)
- Record case notes: [Initial Case Notes](#)
- View/Edit ESA inquires and/or applicants: [View/Edit Beneficiary](#)
- Exit beneficiary from "BASS-ESA Initial Contact and Demographics": [Dismiss Beneficiary](#)
- Review pending referrals: [Review Pending Referrals](#)
- To remove navigation bar, click small white arrow in its left margin.
- To return to this screen, click "Home" button at upper right corner of screen. Be sure to save your entered information first!

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the [Paperwork Reduction Act of 1995](#). You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number is 0960-0629. OMB approval expires on \_\_\_\_\_. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

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change to 30 minutes

# WIPA Program Home Page:

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Welcome Taylor Henderson - BASS-ESA Team Example: [BASS-ESA Services](#) (Change Program)

Friday, Jan. 18, 2013

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New Quick Search To Do List Messages My Favorites My Dashboard Reporting Dashboard Manage Apps<sup>(NEW)</sup>

Enter Search Term(s) within Participant in BASS-ESA Services Search

**Entering Information:**

- o Enroll beneficiary from "Initial Contact" program: [Enroll Beneficiary](#)
- o Complete and Update Work Incentives Plan Assessment (OPTIONAL assessments also available -- Trial Work Period, Food Stamp Calculator, and Calculation Assessment): [Beneficiary Assessment](#)
- o Services provided: [Beneficiary Efforts](#)
- o Record outreach efforts and contact with AWICs and Field Office: [General Efforts](#)
- o Update demographics: [View/Edit Beneficiary](#)
- o Exit beneficiary from WIPA: [Dismiss Beneficiary](#)
- o Review case notes and services provided to one beneficiary: [Review Beneficiary Efforts](#)
- o Review all your casenotes and services within a range of dates: [Review My Efforts](#)

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change to 30 minutes

## **WORK INCENTIVE PLANNING and ASSISTANCE (WIPA)**

### **Privacy Act Statement**

#### **Collection and Use of Personal Information**

Section 1148 of the Social Security Act, as amended, authorizes us to collect this information to support the WIPA program. We will use the information you provide to determine if you qualify for the WIPA program. We will also share the information with a certified Community Work Incentive Coordinator, working for the WIPA program.

Furnishing us this information is voluntary. However, failing to provide us with all or part the requested information may limit your ability to participate in the WIPA program.

Social Security will be collecting information from the WIPA program including the names and Social Security Numbers of the beneficiaries they serve, so Social Security can evaluate the success of the WIPA program and can determine how to best meet beneficiaries' needs.

Any information reported as part of the WIPA program will not become part of your Social Security record. The information will not be reported to the Social Security office that makes eligibility determinations. You are responsible for reporting income or changes in your status to the Social Security office.

We rarely use the information for any other purpose other than the WIPA program. However, we may use it for the administration and integrity of our programs. We may disclose the information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

- To comply with Federal laws requiring the release of the information from our records (e.g., to the Government Accountability Office);
- To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of routine uses for the information you provide us is available in our System of Records Notice entitled Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System, 60-0218. This notice, additional information about this form, and any other information regarding our systems and programs are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.